

SEE INSTRUCTIONS ON REVERSE SIDE

1.	Facility name and mailing address	Name Street or Route City, State, Zip Code		
2.	Location (see instructions)	Street or Route City County		
3.	Responsible official	Name Title Telephone		
4.	Permit contact person	Name Title Telephone		

5. Did you submit an INITIAL NOTIFICATION REPORT? ☐ Yes ☐ No

5a. If yes, date submitted (DDMMYY): _____ If no write "NA" and skip to 5c.

5b. Is the information you provided still accurate, to the best of your knowledge? ☐ Yes ☐ No

5c. If no to either 5. or 5b., complete and attach an INITIAL NOTIFICATION REPORT which is representative of your facility (see instructions).

SIGNATURE OF RESPONSIBLE OFFICIAL

A. STATEMENT OF COMPLETENESS

I have reviewed this application in its entirety and, based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this application are true, accurate and complete.

B. CERTIFICATION OF FACILITY COMPLIANCE STATUS (check one box only)

☐ I certify that the facility described in this air pollution control permit application is fully in compliance with all applicable requirements.

☐ I certify that the facility described in this air pollution control permit application is fully in compliance with all applicable requirements except for the requirements identified in the attached _____ 4530-131 form(s).

Printed or Typed Name of Responsible Official

Title

Signature

Date Signed

GENERAL OPERATION PERMIT APPLICATION INSTRUCTIONS
PERCHLOROETHYLENE DRY CLEANING FACILITY -- Form 4530-147 08-95

NOTE: Use of this form is required by the Department for a general air pollution control permit application filed pursuant to ss. 144.391(3m) and 144.3925, Wis. Stats., and NR 407.10, Wis. Adm. Code, for a perchloroethylene dry cleaning facility. Applicants who prefer to file an individual operation permit application should proceed to complete Air Pollution Control Permit Application forms 4530-100 through 4530-135. The Department will not consider or act upon your general permit application unless you complete and submit two copies of this application form. It is not the Department's intention to use any personally identifiable information from this form for any other purpose.

Item 1 Provide full business name and address of corporation, company, association, society, firm, partnership, individual or political subdivision of the state submitting the application.

Item 2 Please provide county of location. Provide location address if it is different than the mailing address.

Item 3 Responsible official means one of the following (s. NR 400.02(80e), Wis. Adm. Code):

(a) For a corporation:

1. A president, secretary, treasurer or vice-president of the corporation in charge of a principal business function;
2. Any other person who performs similar policy or decision-making functions for the corporation; or
3. A duly authorized representative of a person listed in items 1 or 2 if the representative is responsible for the overall operation of the facility applying for or subject to a permit and the representative is approved in advance by the Department. Prior to filing the application, if you want the Department to approve your choice of responsible official, you may send a letter to the Department describing that person's authority in the company and requesting the Department's approval. The letter should be signed by a person listed under 1 or 2.

(b) For a partnership or sole proprietorship: a general partner or the proprietor, respectively;

(c) For a municipality, or a state, federal or other public agency: either a principal executive officer or ranking elected official.

Item 4 Individual to contact for additional information concerning the air pollution sources during the permitting process.

Item 5 If you previously submitted an INITIAL NOTIFICATION REPORT (INR) to the Department, fill in the date (DDMMYY), the certification was signed (page 4 of the INR) and verify whether that information still applies to your current operation. If you did not submit an INR, or that information not longer applies to your current operation, complete and attach an INR. If 5a. is not applicable write "NA". If you designate "no" to either 5. or 5b., then your application cannot be deemed complete unless you attach an INR completed in accordance with the instructions for that report.

SIGNATURE OF RESPONSIBLE OFFICIAL

1. Check that form 4530-147 is complete. If you need to provide information on an attached INITIAL NOTIFICATION REPORT, check that it is filled out entirely and to the best of your knowledge.
2. Read part A. Check ONE box in part B. For each applicable requirement identified in the INITIAL NOTIFICATION REPORT with which you are not presently in compliance, use form(s) 4530-131 to describe how compliance will be achieved. Read the instructions for and use form 4530-131. Indicate the number of 4530-131 forms included in this application.
3. The Responsible Official (see instructions for item 3, above) should insert name, sign and date this form to verify the accuracy of the information you have provided.
4. Please indicate (using the Information attached? _ (y/n) box provided in the upper right hand corner of the form) if you have attached any information such as an INITIAL NOTIFICATION REPORT. Use the space provided in part B of the SIGNATURE OF RESPONSIBLE OFFICIAL box to indicate the number of 4530-131 forms attached if applicable.
5. You are required to submit two copies of the application forms and any additional information (s. NR 407.05(2), Wis. Adm. Code)

**Send the application to: WISCONSIN DEPARTMENT OF NATURAL RESOURCES
BUREAU OF AIR MANAGEMENT
PERMITS SECTION
P.O. BOX 7921
MADISON, WI 53707-7921**

This application must be postmarked or received in the Bureau of Air Management office by July 1, 1996 (s. NR 407.04(4), Wis. Adm. Code).